

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: CHRISTIAN S. NIELSEN ET AL.  
TITLE: CAPACITOR DESIGNS FOR MEDICAL DEVICES

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. EV 323 971 965 US, on this 6th day of February, 2003.

31353 U.S.PTO  
10/774210  
020604



MOLLY CHLEBECK  
Printed Name  
Molly Chlebeck  
Signature

Commissioner for Patents  
BOX PATENT APPLICATION  
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

Patent Application Transmittal

Specification:

Total pages: 25 (including claims and abstract: Spec. 16 sheets; Claims 8 sheets; Abstract 1

Drawings:

Total sheets: 7  
 formal     informal

Combined Declaration and Power of Attorney:

unexecuted  
 copy from prior application  
 Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))  
 Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

Accompanying application parts:

Notification of filing a  
 Assignment of the Invention to Medtronic, Inc.  
 Assignment cover sheet  
 Information Disclosure Statement  
 PTO Form 1449  
 Copies of IDS citations  
 Preliminary Amendment  
 A copy of the Petition or Conditional Petition for Extension of Time in the prior application.  
 Return Postcard

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IF A CONTINUING APPLICATION:

Continuation                       Divisional                       Continuation-in-part (CIP) of prior application  
No. .

Amend the specification by inserting before the first line the sentence: --This application is a \_\_\_\_\_ of application Serial No. , filed , now allowed.--

Cancel in this application original claims \_\_\_\_\_ of the prior application before calculating the filing f .  
(At least the original independent claim must be retained for filing purposes.)

The prior application is assign d of record to Medtronic, Inc.

The Power f Att rney in the pri r application is t : \_\_\_\_\_.

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This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to: Paul H. McDowell, Reg. No. 34,873  
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	41	20 =	21	x 18	\$378.00
Independent Claims	8	3 =	5	x 84	\$420.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$770.00
				TOTAL	\$1,568.00

Charge Deposit Account No. 13-2546 in the amount of \$\_\_\_\_\_ for the filing fee and assignment recordation fee of \$40.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

6 Feb. 04

  
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